

Meeting Agenda

Provider Reimbursement Rate Methodology Review

Behavioral Health – CJJ/JJRI Financial Workgroup

August 20th, 2020

2:00 p.m. – 4:30 p.m. (Central Time)

Join Zoom Meeting

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- I. Welcome and introductions
- II. Overview Workgroup Purpose
- III. Rate methodology overview/discussions
- IV. Calendar for workgroup
- V. Review Outpatient model from 2018
- VI. Introduction to CBISA rate setting
- VII. Next steps
- VIII. Public comment



Provider Reimbursement Rate Methodology Review Behavioral Health/Substance Use Disorder – JJRI/CJI Services

August 20th 2020

Overview of Provider Reimbursement Rate Methodology Review Statue & Workgroup Purpose

- Summary of Rate-Setting For Community-Based Health and Human Services codified law (SD Codified Law 28-22)
 - Passed by the Legislature in the 2017 session
 - Requires each named category of service to undergo a comprehensive rate modeling analysis every five years
 - Providers included: Nursing homes, Assisted living, In-home service providers, Group care, Psychiatric residential treatment, Substance use disorder, Community Mental Health Centers, Intermediate Care facilities, Community Support providers
- Steering Committee
 - Consists of providers, organizations and State staff
 - Met twice during the summer of 2017 to:
 - Develop the Consensus framework
 - Develop criteria for and establish the review schedule

Overview of Provider Reimbursement Rate Methodology Review Statue & Workgroup Purpose

- Annual reporting
 - An annual report is submitted to the Governor and Legislature in conjunction with DSS's annual legislative budget hearing.
 - The report includes current fiscal year reimbursement rates, percentage of current methodology paid, and cost to reach 100% of methodology. The report also includes the results of the analysis of the annual workgroup review, the calculated rate including any recommended methodology changes.
- Public website location – S.D. Department of Human Services website\Workgroups\Provider Rate Methodology Workgroup
 - Link @ <https://dhs.sd.gov/workgroups.aspx>

List of Service Categories and Prioritization

- Behavioral Health – Justice Involved Services included in the state fiscal year 2021 review are:
 - ❑ Substance use disorder
 - ❑ Criminal Justice Initiative – Cognitive Behavioral Intervention for Substance Abuse (CJI - CBISA)
 - ❑ Adolescent SUD Evidence Based Practice (EBP)
 - ❑ CJI – Moral Reconciliation Therapy (CJI - MRT)
 - ❑ Mental health
 - ❑ Juvenile Justice Reinvestment Initiative (JJRI)
 - ❑ Moral Reconciliation Therapy (JJRI - MRT)
 - ❑ Functional Family Therapy (JJRI - FFT)
 - ❑ Aggression Replacement Training (JJRI - ART)

Rate Methodology Overview

- Reimbursement rates are set using primary sources:
 - Based on other payer fee schedules (private pay, Medicare, etc.)
 - Costs reported through annual cost reports
 - Provider specific surveys – both state specific and national
 - Service delivery models & components (i.e. evidenced-based protocols)
- Rate setting cannot be done in isolation. A collaborative approach using financial workgroups is used when possible to develop rate setting models.
- Not all costs are allowable for Medicaid reimbursement based on federal requirements.

Rate Methodology Overview

- Input from providers is gathered and used in methodology development.
 - How the service is delivered, staffing patterns.
 - Documentation and other training or certification requirements.
 - Additional information may be collected through surveys or other tools for use in model development. Examples of survey data include training time, non-billable time, average leave days used, etc.
- Review and analysis of cost report data is completed to identify outliers and establish ranges and mean values for various components of the model.
 - Per unit cost information by provider
 - Average salary and benefits
 - Relationship of personnel costs to operating
- If outliers exist, they can be excluded from use in model development by use of standard deviation calculations.

Rate Methodology Overview

- History of rate setting methodology timeframes
 - MH - CARE, SED, IMPACT, Outpatient Psychiatric, Room and Board– 2020
 - SUD – Low Intensity, Inpatient, Outpatient, PRTF – 2019
 - PRTF(MH), ILPP, IRT, Group(MH) – 2018
- DSS contracted with a technical expert in FY2020 to review methodologies reviewed in other states to determine if we were in alignment with them.
- Methodologies determined using cost report data and survey data
- Complete list of fees and fee schedule can be found here at:
<http://dss.sd.gov/medicaid/providers/feeschedules/dss/>

Rate review and analysis - CBISA

- CBISA Services: All treatment services provided, as required by South Dakota Public Safety Improvement Act, shall utilize evidence-based practices focusing on criminogenic risk factors intended to reduce recidivism as demonstrated by research or documented evidence.
- Unit = Daily Session
- FY21 rate
 - Regular = \$72.21
 - Rural = \$96.29
 - Telebased = \$96.29
- DSS SFY20 expenditures - \$4 Million
- 15 providers

Rate review and analysis - Adolescent SUD EBP rate

- Adolescent SUD EBP Services: All treatment services provided, as required by the Division of Behavioral Health, shall utilize evidence-based practices focusing on criminogenic risk factors intended to reduce recidivism as demonstrated by research or documented evidence.
- Unit = Daily Session
- FY21 rate
 - Individual/Family = \$146.65
 - Group = \$72.21
 - Telehealth = \$96.29
- DSS SFY20 Expenditures - \$73,000
- 3 Providers

Rate review and analysis - CJI - MRT rate

- MRT Service: All services provided, as required by the Division of Behavioral Health, shall utilize evidence-based practices focusing on juvenile risk factors intended to reduce the likelihood of delinquent behavior and recidivism as demonstrated by research or documented evidence.
- Unit = Daily Session
- FY21 rate
 - Regular = \$40.27
 - Rural = \$48.31
 - Telebased = \$48.31
- DSS SFY20 Expenditures - \$0.55 Million
- 8 providers

Rate review and analysis - JJRI - MRT

- JJRI MRT Services: All services provided, as required by the Division of Behavioral Health, shall utilize evidence-based practices focusing on juvenile risk factors intended to reduce the likelihood of delinquent behavior and recidivism as demonstrated by research or documented evidence.
- Unit = Daily Session
- FY21 rate
 - Regular= \$65.70
 - Rural = \$78.93
 - Telebased = \$78.93
- DSS SFY20 Expenditures - \$138,000
- 8 Providers

Rate review and analysis - JJRI - FFT

- JJRI - FFT Services: Functional Family Therapy is an evidence-based program intended to serve justice-involved and at-risk adolescents.
- Unit = Daily Session
- FY21 rate
 - Individual =\$238.75 - Daily session
 - Rural= \$286.51 - Daily Session
 - Frontier = \$310.39 - Daily Session
 - Telemedicine = \$238.75 - Daily session
 - Referral and Engagement Fee = \$325.58 - once per client
 - Collateral = \$28.35 - 15 min. unit
- DSS SFY20 Expenditures - \$0.8 Million
- 10 Providers

Rate review and analysis - JJRI - ART

- JJRI ART Services: All services provided, as required by the Division of Behavioral Health, shall utilize evidence-based practices focusing on juvenile risk factors intended to reduce the likelihood of delinquent behavior and recidivism as demonstrated by research or documented evidence.
- Unit = Daily Session
- FY21 rate
 - Group= \$65.70
 - Rural = \$78.93
 - Telebased = \$78.93
- DSS SFY20 Expenditures - \$80,000
- 8 Providers

Tentative Workgroup Review Calendar

- August 20th, 2020 - Level set purpose and objectives, detail review of rates, begin discussions on approaches for review & analysis of all rates.

Workgroup meetings scheduled for:

- September 15th, 2020
- October 14th, 2020
- November 9th, 2020 – Target date of completion for Substance use disorder.
- 4 additional meetings will be held starting in March for MH JJRI services.

MINUTES

Substance Use Disorder Services Financial Workgroup

November 7, 2018
1:00-4:00 pm
Drifter's Bar and Grille
Pierre, SD

In Attendance

Tiffany Wolfgang, Stacy Bruels, Steven Gordon, Brenda Tidball-Zeltinger, Amy Iversen-Pollreisz, Laura Schaeffer, Amy Hartman, Gary Tuschen, Michelle Carpenter, Michelle Spies, Susan Sandgren, Terry Dosch, Stacia Nissen, Laurie Mikkonen, Thomas Stanage, Alan Solano, Josh Merkley, Linda Reidt Kilber

Not Present: Greg Evans, Brendan Smith; Richard Bird; Hillary Schwab

Welcome and Introductions

- Tiffany Wolfgang and Laurie Mikkonen welcomed the group.

Review and finalize minutes from October 18th meeting

- The minutes were reviewed. Michelle Spies moved to approve. Terry Dosch seconded the motion. Minutes were approved.

Review and continue discussion on models for: Outpatient: Individual and group, and Low-intensity Residential

- Laurie Mikkonen discussed the current outpatient-individual and outpatient-group compared to other states, national averages, and the National Fee Analyzer. While the group believed South Dakota's current individual rate to be in line with other states and the national average, South Dakota's group rate is low in comparison.
- Laurie Mikkonen provided an overview of changes to the outpatient-individual model including a correction to the original model's calculation, and an adjusted model based on the workgroup's recommendation of staffing ratios of credentialed staff providing services. The adjusted model lowered addiction counselor trainees to 15% of staff providing services from 35% according to the survey results. This

resulted in increasing the remaining staff (certified addiction counselors, licensed addiction counselors, dually credentialed staff, and clinical supervision). As a result of this adjusted model, the modeled and indexed individual rate increased from \$22.36 per 15-minute unit to \$23.41. This adjustment will support implementation of evidence-based practices (EBPs) which utilize higher credentialed staff and increased clinical supervision. The workgroup concurred that this rate will support EBPs, but this rate will be assessed in the future to take into consideration any additional enhancements as it relates to the EBP implemented. With these updates, the workgroup approved the modeled outpatient-individual rate.

- Based on the national survey data, the workgroup discussed adjusting the group rate based on a percentage of the individual rate rather than on the average group size from the survey results. DSS staff will review cost report data to determine if costs demonstrate an average percent of individual costs.
- DSS staff will research methodology related to an enhanced rural rate. The workgroup discussed several factors with impacts to rurality including population density as well as mileage staff need to travel to deliver services. DSS staff will review federal definitions for rural and underserved areas.
- Laurie Mikkonen stated the low intensity residential model is unchanged from the last meeting. An example scenario including the daily treatment and non-treatment components using average survey results is included below the model. DSS staff will reach out to low intensity residential providers to walk through the example scenario. The workgroup also discussed the possibility for a need for a different rate for smaller facilities.

Review inpatient cost report data and discuss model methodology

- Laurie Mikkonen walked through calculations from inpatient provider cost report data. The intention would be for this rate to continue as a daily rate. Initial feedback from the workgroup included assessing the occupancy rate as it related to facilities that provide multiple levels of residential care. The cost of medications was also discussed and how agencies cover the cost of medications as well as the ability for inpatient providers to provide Medication Assisted Treatment.
- Amy Hartman and Josh Merkley provided clarification regarding the different service requirements for Substance Use Disorder (SUD) Psychiatric Residential Treatment Facilities (PRTF) such as needing additional staff (psychiatrists, psychologists, MDs), educational services, and higher medication costs.
- DSS Staff will work with Keystone to break out the inpatient costs from PRTF costs in the cost report information. DSS staff will also layer in 2018 costs for entities who have submitted 2018 cost reports to determine if there were any major shifts in costs. Last, DSS staff will research other methodology for inpatient rates.
- Inpatient providers will review the data and provide feedback on what may be missing or need to be updated in the model.

Next Steps—Inpatient rate review

- The next meeting has not yet been set. The goal is to meet the second week of December. DSS staff will schedule a date and time with the possibility for a conference call rather than in-person due to travel concerns in the winter.
- DSS staff will bring similar cost report information on detox services. DSS staff will reach out to detox providers to include in the review.
- The workgroup discussed the need to differentiate between detox and a public safety hold.

Public Comment

- Laurie Mikkonen asked for any public comment. Being none, the meeting was adjourned.

MINUTES

Substance Use Disorder Services Financial Workgroup

December 13, 2018
9:00-11:00 am
Teleconference

In Attendance

Michelle Carpenter, Stacy Bruels, Terry Dosch, Greg Evans, Steven Gordon, Amy Hartman, Amy Iversen-Pollreisz, Laurie Mikkonen, Susan Sandgren, Laura Schaeffer, Brendan Smith, Michelle Spies, Brenda Tidball-Zeltinger, Gary Tuschen, Tiffany Wolfgang, Josh Merkley, Linda Reidt Kilber, Alan Solano, Thomas Stanage

Not Present: Stacia Nissen, Richard Bird, Hillary Schwab

Welcome and Introductions

- Laurie Mikkonen welcomed the group.

Review and finalize minutes from November 7th meeting

- The minutes were reviewed. Michelle Spies moved to approve. Michelle Carpenter seconded the motion. Minutes were approved.

Review changes and models for: Outpatient-group and low-intensity residential and rural rate

- Laurie Mikkonen reviewed the low intensity residential model. The model had not been changed from prior meetings; however, DSS staff had reached out to speak directly with the low intensity providers to review. The workgroup approved the modeled low intensity rates which will include a non-treatment daily rate with treatment services billed separately at outpatient individual and outpatient group rates.
- The workgroup reviewed information regarding rural rates. Current rural rates are 20% higher than non-rural rates. In State Fiscal Year 2018, approximately \$74,000 were billed in rural rates for substance use disorder services. Mental health rural

services had expenditures of approximately \$3.5 million. The workgroup discussed the desire to have consistent policy for all behavioral health services. As a result, rural rates will remain at 20% higher than non-rural rates until mental health services are reviewed. The workgroup agreed that if adjustments are made to the rural rate methodology under mental health, the same methodology will be applied to substance use disorder services.

- The workgroup compared individual and group rates to among Region 8 states: South Dakota, Montana, Wyoming, Colorado, and North Dakota. In reviewing these rates, South Dakota has established the highest individual rate. Group rates, as a percentage of individual rates, varied, with an average of 37%. The workgroup agreed to use a percentage of an individual rate to model the group rate. Cost report information indicated that group costs are 23% of individual costs. The models presented provided a calculation using 26% of the individual rate or 28%. The workgroup approved the 28% option for the group rate modeling as this will support agencies that may have more difficulty drawing larger group sizes.

Review inpatient model methodology

- Laurie Mikkonen walked through calculations from cost report data by provider. Two different models utilizing cost report data were presented to the workgroup. The first model utilizes each provider's cost report data to develop a daily cost whereas the second model utilized as average hourly rate and average direct care wage cost as a percentage of allowable expenses.
- The workgroup reviewed this information and determined that follow up would be conducted directly with inpatient providers to determine what staffing needs are over the course of the week as inpatient requires 30 hours of treatment per week. The discussion included needing to ensure the rate supports evidence-based practices in an inpatient setting. Also discussed was the need to assess a potential "add-on" rate for individuals in need of medication assisted treatment.

Next Steps

- DSS will review the most recent cost report data and conduct follow up with the inpatient providers on staffing needs and salaries. The target date for contacting providers, which may include a survey, is January 17th.
- As part of a federal technical assistance opportunity, DSS will be requesting guidance on reimbursing for medication assisted treatment.
- The next rates to be reviewed include PRTF and detox.
- The target date for the next workgroup meeting is February.

Public Comment

- Laurie Mikkonen asked for any public comment. Being none, the meeting was adjourned.

	A	B
1	SB147 Y2 - SUD	
2	Final Recommended Outpatient - Individual Model	
3	07/15/2019	
4	Model Calculation	Survey results
5	Salary (Average of Survey Results)	\$ 41,167.45
6	B&T (Average of Survey Results)	\$ 8,914.61
7	Total Personnel	\$ 50,082.06
8		
9	Personnel Cost Percentage (Average of Outpatient)	52.60%
10		
11	Total Personnel	\$ 50,082.06
12	Non Personnel Cost	\$ 45,123.80
13	Cost of 1 FTE	\$ 95,205.86
14		
15	Hours Billable for Service (50%)	1040
16		
17	Individual Model Calculation Results	
18	Modeled Individual Rate (hour unit)	\$ 91.54
19	Modeled Individual Rate (15 min unit)	\$ 22.89
20		
21	2018 CPI-U	2.25%
22	Indexed Modeled Individual Rate (15 min unit)	\$ 23.41

	A	B	C
1	SB147 Y2 - SUD		
2	Final Recommended Outpatient - Group Model		
3	07/15/2019		
4		Group Model	
5		28% of Individual	
6			
7	Indexed Final Individual Rate	\$ 23.41	
8	Group Determined to be 28% of Individual	28%	
9	Modeled Group Rate	\$ 6.55	

	A	B	C
2	Final Recommended Low Intensity Residential Services Model		
3	07/15/2019	All Providers Excluding BMS and VOA	BMS and VOA Only
4			
5	Average Capacity	39.2	15.1
6	Average Number of 24/7 Residential Workers	2.1	2.5
7	Staffing Ratio (Beds per Residential Worker)	18.7	6.1
8			
9	Average Residential Worker Salary and B&T	\$ 35,156.59	\$ 32,774.00
10	Residential Worker Direct Care Hours per Year	1,928	1,888
11	Equivalent Wage per hour	\$ 18.23	\$ 17.36
12			
13	Hours in Year (24 hours/day * 365 days/year)	8,760	8,760
14			
15	Yearly Expense for one 24/7 worker	\$ 159,736.39	\$ 152,065.81
16	Yearly Expense for bed 24/7	\$ 8,533.03	\$ 24,996.63
17	Daily Expense for one bed 24/7	\$ 23.38	\$ 68.48
18			
19	Residential Worker Expense/Day Unit	\$ 23.38	\$ 68.48
20			
21	Percentage of R&B to Total Cost (from 2017 CRs)	20.6%	21.9%
22	Percentage of Admin/Indirect/Other to Total Cost (from 2017 CRs)	34.7%	21.9%
23			
24	R&B Portion (20.6%/21.9% of Total Modeled Rate)	\$ 10.77	\$ 26.69
25	Admin/Indirect/Other Portion (34.7%/21.9% of Total Modeled Rate)	\$ 18.15	\$ 26.69
26	Total Non-Residential Worker Expense/Unit	\$ 28.92	\$ 53.37
27			
28	Total Modeled Rate (Residential Worker + R&B + Admin/Indirect+ Other)	\$ 52.30	\$ 121.85
29	Occupancy	90%	90%
30	Modeled Rate at 90% Occupancy	\$ 58.12	\$ 135.39
31			
32	2018 CPI-U	2.25%	2.25%
33	Indexed Modeled Non treatment daily rate	\$ 59.43	\$ 138.44
34			

	A	B	C	D	E	F	G	H	I	J	K	L
1	SB147 Y2 - SUD											
2	Final Recommended Inpatient Model											
3	07/15/2019											
4												
5	Model based on FY18 Cost Report Information, Averaging Direct Care Wage Expense per Hour and Total Direct Care Wage Expense as a % of Total Allowable											
6	Program	Capacity	Direct Care FTE	Total Paid Direct Care Hours Needed	Direct Care Wage Expense per Hour	Total Direct Care Wage Expense	Total Direct Care Wage Expense as a % of Total Allowable Expenses	Total Expense	*Individual Occupancy	Daily Cost	Average of Individual Provider's Cost	Indexed to SFY19 with 2.25%
7	BMS	6	6.4	13,364	\$ 19.63	\$ 262,389	59.9%	\$ 438,373	88%	\$ 227.96		
8	DCI 17 Data	5	2.9	6,043	\$ 19.63	\$ 118,648	59.9%	\$ 198,226	58%	\$ 188.07		
9	Compass Point	9	8.2	17,150	\$ 19.63	\$ 336,724	59.9%	\$ 562,563	59%	\$ 290.88		
10	VOA	3	2.7	5,653	\$ 19.63	\$ 110,991	59.9%	\$ 185,433	88%	\$ 192.76		
11		23	20.3	42,210		\$ 828,752		\$ 1,384,595	73.1% average			
12												
13												
14	Model based on Lewis and Clark data only, FY18 Cost Report Information											
15	Program	Capacity	Direct Care FTE	Total Paid Direct Care Hours Needed	Direct Care Wage Expense per Hour	Total Direct Care Wage Expense	Total Direct Care Wage Expense as a % of Total Allowable Expenses	Total Expense	*Individual Occupancy	Daily Cost	Indexed to SFY19 with 2.25%	
16	Lewis and Clark	16	13.2	27,516	\$ 32.03	\$ 881,243	65.6%	\$ 1,344,337	75%	\$ 308.48	\$ 315.42	
17												
18												
19	*Due to the small overall capacity of Intensive Inpatient beds compared to other residential services, occupancy is indirectly related to modeled rate. The modeled rates are based on actual units and expenses.											
20	Not all Inpatient programs are represented on this sheet.											

	A	B	C	D	E
1	SB147 Y2 - SUD				
2	Final Recommended PRTF Model				
3	07/15/2019				
4					
5	Model based on CPS PRTF SB147 Y1 Modeled Rate with 2016 data at 90% Occupancy				
6	CPS PRTF Modeled Rate	Indexed to SFY20	Medical Addon CPS Claims Data	Final Rate with Medical Addon	
7	\$ 229.15	\$ 253.79	\$ 23.96	\$ 277.75	
8					
9	Medical Costs Notes				
10	Claims Data CPS Medical Cost Nov. 2018: \$23.96 Per Day				

	A	B	C	D	E	F	G
1	SB147 Y2 - SUD						
2	Final Recommended Detox Model						
3	07/15/2019						
4							
5	Full Base Rate + 5% Medical + 30 Mins Ind Counseling per 48 Hours (0.5 units/12 hour)						
6	Base Rate (50% of 3.1)	5% Medical Addon	Units	Modeled Individual Rate	1/2 Unit of Individual	Total Rate	Indexed to SFY19 with 2.25%
7	\$ 29.72	\$ 1.49	0.5	\$ 23.41	\$ 11.71	\$ 42.91	\$ 43.87

	A	B	C	D	E	F	G	H	I	J
1	Provider Reimbursement Methodology Review- CJI CBISA									
2	CBISA Services - cost report data									
3	Draft Model Example	Data used from 2019 Cost Report								
4		CBISA Services								
5	All Providers Minus rural			All Providers minus Rural minus 1STD					Rural	
6	Total operating costs	\$ 275,946.25		Total operating costs	\$ 276,399.13	Excludes Addiction Recovery, Avera, HSA, and Pennington			Total operating costs	\$ 171,397.25
7										
8	Total Cost of CBISA Team	\$ 275,946.25		Total Cost of CBISA Team	\$ 276,399.13				Total Cost of CBISA Team	\$ 171,397.25
9	AVG Units From Cost Reports	5,074		AVG Units From Cost Reports	5,332				AVG Units From Cost Reports	3,466
10	Daily CBISA Cost per unit	\$ 54.39		Daily CBISA Cost per unit	\$ 51.84				Daily CBISA Cost per unit	\$ 49.45
11										
12	Percentage change from SFY19	2.07% CPI-U Inflation		Percentage chnage from SFY19	2.07% CPI-U Inflation				Percentage change from SFY19	2.07% CPI-U Inflation
13	-21.58%	\$ 55.51		-25.26%	\$ 52.91				-28.70%	\$ 50.47
14										
15										
16	SFY20 Rate	\$ 70.79		SFY20 Rate	\$ 70.79				SFY20 Rate	\$ 70.79
17	SFY21 Rate	\$ 72.21		SFY21 Rate	\$ 72.21				SFY21 Rate	\$ 72.21
18										
19	Rural rate (20% addon)	\$ 65.27		Rural rate (20% addon)	\$ 62.20				Rural rate (20% addon)	\$ 59.34
20	Rural rate (20% addon) + Inflation	\$ 66.62		Rural rate (20% addon) + Inflation	\$ 63.49				Rural rate (20% addon) + Inflation	\$ 60.57
21	SFY20 Rural Rate	\$ 94.40		SFY20 Rural Rate	\$ 94.40				SFY20 Rural Rate	\$ 94.40
22	SFY21 Rural Rate	\$ 96.29		SFY21 Rural Rate	\$ 96.29				SFY21 Rural Rate	\$ 96.29
23										

	A	B	C	D	E	F	G
1		Provider Reimbursement Methodology Review- CJI CBISA					
2		CBISA Services - cost report data					
3			Addiction Recovery Centers of the Black Hills	Avera St Luke's dba Avera Addiction Care Center	CACS	Carroll Institute	DCI
4		Data used from 2019 Cost Report					
5		CBISA Services					
6	Line 9	CBISA Services 1020 Professional/Program Staff Personnel Expense	\$ 223,637	\$ 68,632	\$ 48,435	\$ 408,153	\$ 151,981
7		Portion B&T Attributed to 1020	\$ 18,921.45	\$ 19,412.24	\$ 20,217.00	\$ 93,385.00	\$ 59,245.12
8		Percentage	63%	91%	100%	100%	80%
9		CBISA Services 1020 Professional/Program Staff Personnel with Benefits and Taxes	\$ 242,558	\$ 88,044	\$ 68,652	\$ 501,538	\$ 211,226
10							
11	Line 13	CBISA Services Total Personnel Expense	\$ 356,279	\$ 75,787	\$ 48,435	\$ 408,153	\$ 189,652
12	Line 23	CBISA services Benefits and Taxes	\$ 30,144	\$ 21,436	\$ 20,217	\$ 93,385	\$ 73,930
13		Misc. CBISA Exp.	\$ 303,725	\$ 95,699	\$ 31,335	\$ 449,201	\$ 39,189
14	Line 57	Total Expenditure CBISA Services	\$ 690,148	\$ 192,922	\$ 99,987	\$ 950,739	\$ 302,771
15							
16		CBISA services 1020 to total expenditures					
17		CBISA Services	35.15%	45.64%	68.66%	52.75%	69.76%
18							
19		Benefits and taxes as a percentage of total Expense	4.37%	11.11%	20.22%	9.82%	24.42%
20							
21							
22		Direct CBISA Cost	\$ 242,558	\$ 88,044	\$ 68,652	\$ 501,538	\$ 211,226
23							
24							
25		Total Indirect Cost	\$ 447,590	\$ 104,878	\$ 31,335	\$ 449,201	\$ 91,545
26							
27		Indirect cost as a percentage of total Expenditures	64.85%	54.36%	31.34%	47.25%	30.24%
28							
29							
30		Benefits and Taxes as a percentage of Direct CBISA Cost	12.43%	24.35%	29.45%	18.62%	35.00%
31							
32		Cost Report Units	8,166	1,551	2,741	16,568	6,527
33							
34		STARS Units by facility FY	8,307	1,279	2,708	7,564	2,081
35		Other Units from Cost Report	-	-	-	2,034	-
36		STARS and Other Units	8,307	1,279	2,708	9,598	2,081
37		STARS and other Units Rate	\$ 83.08	\$ 150.84	\$ 36.92	\$ 99.06	\$ 145.49
38							
39		Regular Units	7,860	1,279	2,708	7,564	1,845
40		Telebased services	-	-	-	-	-
41		STARS Rural Units	447	-	-	-	236
42			8,307	1,279	2,708	7,564	2,081
43		Other Information					
44		Cost per Unit from 2018 cost report	\$ 68.89	\$ 150.25	\$ 32.82	\$ 56.39	\$ 46.39
45		Cost per Unit from 2019 cost report	\$ 84.51	\$ 124.39	\$ 36.48	\$ 57.38	\$ 46.39
46		SFY19 Rate	\$ 70.79	\$ 70.79	\$ 70.79	\$ 70.79	\$ 70.79
47		STARS Title XIX Expenditure SFY 2019	\$ 38,368.46	\$ 2,140.09	\$ 11,027.27	\$ 17,417.62	\$ 4,906.56
48		STARS Contract Expenditure SFY 2019	\$ 514,036.32	\$ 83,289.85	\$ 174,356.21	\$ 496,178.43	\$ 142,847.01
49		STARS Paid Expenditure SFY 2019	\$ 552,404.78	\$ 85,429.94	\$ 185,383.48	\$ 513,596.05	\$ 147,753.57

	A	B	H	I	J	K	L	M	N	O	P	Q	R	W
1		Provider Reimbursement Methodology Review- CJI CBISA												
2		CBISA Services - cost report data										All Providers	All Providers minus 1STD	
3								Pennington Co dba						
4								Pennington Co						
5								Sheriffs Office						
6								Addiction						
7								Treatment						
8								Services						
9								Volunteers of						
10								America -						
11								Dakotas						
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	A	B	C	D	E	F	G	H	I	M	N	O
1		Provider Reimbursement Methodology Review- CII CBISA										
2		CBISA Services - cost report data							All Providers			
3				Lewis and Clark Behavioral Health Services	LSS	Volunteers of America - Dakotas					Working Star Family Ministry (Martin Addiction Recovery Center)	
4		Data used from 2019 Cost Report	CCS					Sum	Average of Cost Report Data			
5		CBISA Services			All together							
6	Line 9	CBISA Services 1020 Professional/Program Staff Personnel Expense	\$ 50,881	\$ 116,631	\$ 200,256	\$ 25,149		\$ 392,917	\$ 98,229			
7		Portion B&T Attributed to 1020	\$ 13,410	\$ 33,633	\$ 35,276	\$ 4,061		\$ 86,380	\$ 21,595			
8		Percentage	100%	91%	100%	65%			94%			
9		CBISA Services 1020 Professional/Program Staff Personnel with Benefits and Taxes	\$ 64,291	\$ 150,264	\$ 235,532	\$ 29,210		\$ 479,297.11	\$ 119,824			
10												
11	Line 13	CBISA Services Total Personnel Expense	\$ 50,881	\$ 127,925	\$ 200,256	\$ 38,922		\$ 417,984	\$ 104,496			
12	Line 23	CBISA services Benefits and Taxes	\$ 13,410	\$ 36,890	\$ 35,276	\$ 6,285		\$ 91,861.00	\$ 22,965.25			
13		Misc. CBISA Exp.	\$ 35,112	\$ 34,126	\$ 94,165	\$ 12,341		\$ 175,744	\$ 43,936		\$ -	
14	Line 57	Total Expenditure CBISA Services	\$ 99,403	\$ 198,941	\$ 329,697	\$ 57,548		\$ 685,589	\$ 171,397			
15												
16												
17		CBISA services 1020 to total expenditures CBISA Services	64.68%	75.53%	71.44%	50.76%			69.91%			
18												
19		Benefits and taxes as a percentage of total Expense	13.49%	18.54%	10.70%	10.92%			13.40%			
20												
21												
22		Direct CBISA Cost	\$ 64,291	\$ 150,264	\$ 235,532	\$ 29,210		\$ 479,297	\$ 119,824			
23												
24												
25		Total Indirect Cost	\$ 35,112	\$ 48,677	\$ 94,165	\$ 28,338		\$ 206,292	\$ 51,573			
26												
27		Indirect cost as a percentage of total Expenditures	35.32%	24.47%	28.56%	49.24%			30.09%			
28												
29												
30		Benefits and Taxes as a percentage of Direct CBISA Cost	20.86%	24.55%	14.98%	21.52%			19.17%			
31												
32		Cost Report Units	1,553	3,637	7,665	1,010		13,865	3,466			
33												
34		STARS Units by facility FY	1,553	3,459	3,894	898					374	
35		Other Units from Cost Report		175		53						
36		STARS and Other Units	1,553	3,634	3,894	951					374	
37		STARS and other Units Rate	\$ 64.01	\$ 54.74	\$ 84.67	\$ 60.51						
38												
39		Regular Units		2,181	-						1	
40		Telebased services			2,719	898						
41		STARS Rural Units	1,553	1,278	1,175	-					373	
42			1,553	3,459	3,894	898					374	
43		Other Information										
44		Cost per Unit from 2018 cost report	\$ -	\$ 47.03	\$ 41.79	\$ 23.53		Average from Cost reports	Calculated Rate from above			
45		Cost per Unit from 2019 cost report	\$ 64.01	\$ 54.70	\$ 43.01	\$ 56.98		\$ 54.67	\$ 49.45			
46		SFY19 Rate	\$ 94.40	\$ 94.40	\$ 94.40	\$ 94.40		Total Costs	Average Costs			
47		STARS Title XIX Expenditure SFY 2019	\$ 4,208.09	\$ 23,074.04	\$ 13,669.93	\$ 22,940.75		\$ 63,892.81	\$ 15,973.20		\$ 6,858.57	
48		STARS Contract Expenditure SFY 2019	\$ 137,040.32	\$ 241,821.46	\$ 342,423.77	\$ 438,373.33		\$ 1,159,658.88	\$ 289,914.72		\$ 27,295.40	
49		STARS Paid Expenditure SFY 2019	\$ 141,248.41	\$ 264,895.50	\$ 356,093.70	\$ 461,314.08		\$ 1,223,551.69	\$ 305,887.92		\$ 34,153.97	